

STUDENT INFORMATION

Mr. Ms. Nationality: _____ Mother Tongue: _____ Passport # _____
 Last Name: _____ (AS APPEARS ON PASSPORT) First Name: _____ (AS APPEARS ON PASSPORT) Date of Birth: _____ (YYYY / MM / DD)
 Home Address: _____ City: _____ Province: _____ Postal Code: _____
 Country: _____ Email: _____ Telephone: _____
 Emergency Contact Person: _____ Emergency Contact Phone: _____
 AGENT INFORMATION Agency: _____ Contact Person: _____ Email: _____

PROGRAM DETAILS

SCHOOL LOCATION Toronto Vancouver

PROGRAM INTENSITY

Intensive English (30 lessons/week) Power English (38 lessons/week) Start Date: _____ (YYYY / MM / DD) **Weeks of Study** _____

COURSE FOCUS

You have the option to change this course every second week.

General English Cambridge English (FCE) TOEFL Preparation The University Pathway Program
 Business English Cambridge English (CAE) IELTS Preparation Other _____

AIRPORT TRANSFER

Arrival Date: _____ (YYYY / MM / DD) Flight Information _____ (if available) Airport Pick-up Yes No
 Departure Date: _____ (YYYY / MM / DD) Flight Information _____ (if available) Airport Drop-off Yes No

ACCOMODATION

Single Homestay Twin Homestay (On Request) Residence* (On Request) No Accommodation **Special Request or Preferences**
 Length Weeks _____
 Specify Residence* _____
 Residence is available upon request, please email at residences@ilac.com
 ILAC will do its best to accommodate your requests, however, due to availability ILAC cannot guarantee that your request will be granted.

MEDICAL INFORMATION *Please note: It is mandatory for ILAC students to have Medical Insurance during their stay in Canada.

Do you have Medical Insurance? Yes No Policy Number: _____ Start Date: _____ (YYYY/ MM / DD) End Date: _____ (YYYY/ MM / DD)
 If No, would you like to book insurance through ILAC? Yes No
 Do you have any allergies? Yes No List of Allergies _____
 Do you have any medical problems or physical disability? Yes No List Medical Issues or Physical Disability: _____
 Do you have any food restrictions? Yes No List Food Restriction: _____
 Are you allergic to pets? Yes No List any other issues: _____
 Do you smoke ? Yes No

I, hereby certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my registration may invalidate my registration. I agree to speak only English on School property. I have read and understand all of ILAC policies & procedures including the Tuition Refund Policy and the Dispute Resolution Policy. (available on ilac.com/policies).

Applicant signature: _____ Co-applicant signature _____ Date: _____ (YYYY / MM / DD)